



1050 Wall St West Ste 350  
 Lyndhurst NJ 07071  
 201-773-0777 Main  
 877-825-2479 Fax  
 accounting@taxbizpro.com

## Rental Property Expense Worksheet for tax year 2017

Name of the business X \_\_\_\_\_ EIN \_\_\_\_\_

Name of the legal representative/owner X \_\_\_\_\_ SS# \_\_\_\_\_

**Indicate below your business structure (only for new clients)**

- Self-employed (Property is owned by individual)
- Single Member LLC (Property is owned by the LLC-Sch. E of form 1040)
- Single Member LLC taxed as Corporation (From 1120 or 1120S)
- Multi Member LLC taxed as Partnership (Form 1065)
- Multi Member LLC taxed as Corporation (Form 1120 or 1120S)
- Corporation (INC, Corp, Co, PC) (Form 1120 or 1120S)
- Partnership (LLP, LP, GP) (Form 1065)

**RENTAL INCOME RECEIVED (IF NOT REPORTED ON 1099)** \$

**All expenses/deductions MUST have supporting documentation (receipts, check, bill, letter, etc) to support the deductions, don't submit the receipts to us**

Expenses	AMOUNT/YEAR
Advertising & Marketing	1 \$ _____
Bank Fees	2 \$ _____
Business Loan Payments (interest only)	3 \$ _____
Business Insurance (Liability, E&O, General etc)	4 \$ _____
Car (gas, oil change, repairs) - Is the car(s) registered on the business? YES <input type="checkbox"/> NO <input type="checkbox"/>	5 \$ _____
Car Insurance	6 \$ _____
Car Lease	7 \$ _____
Cell Phone	8 \$ _____



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Charity Contributions	9	\$
Entertainment Exp. (client tickets to sport events etc)	10	\$
Equipment purchased (indicate purchase date)	11	\$
Furniture and Fixtures Purchased (indicate purchase date)	12	\$
Licenses and Permits	13	\$
Meals (with clients, business related)	14	\$
Office Cleaning and Maintenance	15	\$
Office Expenses (telephone, internet, etc)	16	\$
Rent	17	\$
Repairs & Maintenance	18	\$
Office Supplies	19	\$
Outside Help/Temps	20	\$
Parking Exp	21	\$
Postage & Shipping	22	\$
Professional Education (seminars, books, etc)	23	\$
Professional Fees (Accountant/Attorney etc)	24	\$
Property Purchase (include closing documents)	25	\$
Property Management Fees	26	\$
Property Maintenance	27	\$
Retirement Plan Contributions (SEP, SIMPLE IRA, 401K, etc)	28	\$
Salaries & Wages	29	\$
Tolls	30	\$
Travel (long range to and from client)	31	\$
Utilities	32	\$
Other Expenses - indicate what it is _____	33	\$



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### For Auto Expenses

(update only if you changed the car from last year, or you are a new client)

Make/Model \_\_\_\_\_

Purchase Date \_\_\_\_\_

Purchase Price/Cost \_\_\_\_\_

\$ \_\_\_\_\_

### Mileage Info

Total mileage driven this year \_\_\_\_\_

Business mileage driven this year \_\_\_\_\_

### Home Office Deduction: (update only if anything changed from last year, or you are a new client )

Total square footage of the house \_\_\_\_\_

Square footage of the office area used exclusively for business in the house \_\_\_\_\_

Please list any additional info not listed above


Please sign X \_\_\_\_\_

Date \_\_\_\_\_